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ABSTRACT

This document, designed to provide adult educators with information on innovative and effective teaching practices that involve participants in their own education, contains the following articles: (1) "Teaching about Aids: Responding to Culture" (Udin), which points out the hidden issues of culture in AIDS education and explains how to plan programs from a cultural perspective and how to increase participants' feelings of self-efficacy; (2) "Effective Practice: Developing 'Companarismo,' Learning about AIDS" (Aronoff), which describes classroom experiences at a Latina women's collective; (3) "Blackboard" (Garcia), which provides observations about building community education programs on AIDS prevention in Connecticut, Puerto Rico, and Mexico; (4) "Research within Reach" (Garcia), which describes the approaches to AIDS education being developed by prison inmates, hairdressers, activists, and teachers and tells how to order the materials that have resulted from those approaches; and (5) "Materials that Matter," an annotated list of 18 materials (videos, publications, and cartoons) and how to order them. (CML)

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Focus on Basics

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Teaching About Aids: Responding to Culture

After diagnosis with AIDS, African Americans die nearly five times faster than whites.

At the bottom of this statistic lies inadequate treatment and late diagnosis for people of color, and a health and education movement that has not responded to cultural diversity in responding to AIDS. There is an urgent need for change. The rate of AIDS cases among people of color since 1981 is three times that of whites. New cases of HIV/AIDS infection are appearing among Third World communities faster than anywhere else. Yet the complexities of doing AIDS education—of responding to cultural difference, as well as confronting issues of sex, death, and homophobia—can mean either that teachers become afraid to deal with the issue or that they jump into it and ignore vital factors of culture.*

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Focus on Basics

Innovative teaching practices for adults.

FOCUS ON BASICS is a resource bulletin providing adult educators with information on innovative and effective teaching practices currently used in adult education programs throughout the country. *FOCUS ON BASICS* is published by World Education, a non-profit organization with over 35 years experience working both in this country and overseas. World Education is dedicated to promoting approaches that involve participants in their own education and assist teachers with the development of low-cost, locally-specific materials.

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Editor's Notes

"Epidemic disease is always about social order in any society," wrote scientist and activist Evelynn Hammonds.* Women die three times faster after diagnosis with AIDS than men. Over 70% of women with AIDS are women of color. African Americans and Latinos are 37% of the people who have AIDS in this country, though only 18% of the total population. Eighty-three percent of the babies who have AIDS are born to women of color. The reasons are not medical, and they are not cultural, but have everything to do with the position of women and people of color within the larger society. Women are diagnosed at later stages of the disease. Their symptoms, different from men's, are understudied and largely unknown, and women are less likely than men to have medical coverage in the first place. For people of color and women, sexual and drug using risk behaviors exist within a social system that limits their access to jobs and a place to live. In Boston, where one in every five families has an income under the federal poverty level, there is a seven year wait list for public housing. In the words of AIDS activist Nancy Wechsler, "organizing against AIDS is not simply about eliminating a disease...to end the AIDS crisis, we need to build a movement that attacks the root causes of AIDS, the homophobia, sexism and racism that allowed it to become an epidemic in the first place."*

No matter who we are, the AIDS crisis exists within all of us.

Communities of color are creating their own responses to the AIDS epidemic, and they are responses that reject the commonly portrayed image of African Americans and Latinos as sexually promiscuous, drug addicted, intensely anti-gay, and resistant to education about health issues. At the same time that this grassroots movement against AIDS is growing, AIDS is appearing more and more on class-generated lists of topics to investigate in adult literacy and ESL programs. It appears alongside such issues as daycare, housing and health care—broader issues of social justice from which an investigation of AIDS cannot be separated. In this issue of *Focus on Basics*, we look to community-based AIDS prevention programs, directed by people of color, as a guide to help us develop effective AIDS curriculum in our classrooms. Sala Udin points out that in order to do successful AIDS education in the African American community, one needs to know that African Americans are not "resistant" to information about AIDS, but often suspicious of government funded statistical studies and prevention programs. At Mujeres Unidas en Acción, Nance Aranoff writes, the lesbian women in the organization are increasingly open about their sexuality and the participants are increasingly open to talking about bisexuality in the community. In Sara Garcia's article, we hear about a Puerto Rican response to the AIDS crisis built on the understanding that an IV drug user may care very much about the health of his partner and children, despite his addiction. The message that sounds most clearly in these articles is that for effective AIDS prevention to take place, the control has to be in the community's hands.

In addition to education, AIDS is being fought with activism, as well. The strategies used to attack the "root causes of AIDS" take many forms. For ACT UP (AIDS Coalition to Unleash Power), activism means challenging the policies which allow the cost of drugs like AZT to rise so high only the wealthy can use them. It means exposing the practices that limit access to experimental drugs

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* Quotes are from the *Resist Newsletter*, February, 1988

Teaching About Aids:
Responding to Culture

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The Multicultural Training Resource Center (MTRC) was established in 1984 as the first national center to provide support for multicultural and culturally-specific AIDS prevention. Sala Udin, Executive Director of the MTRC, offers the following discussion to help teachers sort out the often hidden issues of culture in AIDS education.

The MTRC's approach to AIDS prevention is based on three principles. First is a commitment to multiculturalism as a concept that celebrates cultural difference. Secondly, our definiton of culture is broad, not limited to race, ethnicity and color but including women, the elderly, lesbians and gays and homeless people. Thirdly, we view prevention as a proactive process which promotes cross-cultural linkages for collaboration and community empowerment. In this article, I want to bring to light some cultural differences that affect AIDS education and point us in the direction of community leadership in the fight against AIDS.

Culture and Learning

Culture is the beliefs, institutions and methods created by a people to solve the daily problems of survival and development. People develop and adapt their culture from a particular world view which determines their approach to interpreting the world's phenomena. Culture, for instance, determines a people's approach to disease. In some Southeast Asian cultures it is inappropriate to discuss disease at all. Discussion of disease is thought to attract it. There is a particular taboo against talking about diseases which are linked to the blood, such as AIDS. Blood is intricately connected to the heart, which is considered a channel to the spiritual world.

In a cultural cornucopia such as the United States, however, people are often thrown together and cultural uniqueness is disregarded. A more specific example of how this happens can be seen by looking at classroom methods themselves. Some people make the mistake of thinking that certain exercises are acultural. In one training I participated in, the facilitator asked members of the mostly African American group to stand, face the same direction in a circle and give one another a back massage. What that facilitator didn't know is that African Americans frequently don't like people they don't know placing their hands on them. (In a study measuring physical distance in everyday interactions, white women were found to stand about one half of an arm's length from their conversation partner; white men, one arm's length; Black women, one and a half arm's length; and Black men, two.) No one in the workshop verbalized immediate resistance to the massage excercise, but comments were made during the breaks and appeared on evaluation forms, and it blocked a great deal of the learning that was supposed to follow. In another situation, I once observed a Native American who opted out of a role play because he considered such imaging to be a violation of the transition between this life as a human being and other spiritual levels of existence. As we can see, the further away a community is from white, Western, middle-class, male, Protestant culture, the less meaningful the education and services become, without cultural adaptation.

Rally at the Food and Drug Administration, Washington, DC, October, 1988.
Photo: Nancy Wechsler

*Poet and essayist Audre Lorde defines homophobia as "the fear of feelings of love for members of one's own sex and therefore the hatred of those feelings in others."

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The Community and the Teacher: Barriers Within, Barriers Between

There is a need for information on how to prevent HIV transmission, but information itself is not sufficient. AIDS education within communities of color must penetrate many layers of barriers before the information can be heard and acted on. First, just surviving the daily brutality of being poor, unemployed and unrepresented imposes monumental burdens. Many people of color bear the brunt of these conditions and have a full plate of oppression. There is no room for another problem, much less another major catastrophe. If oppressed communities have a difficult time responding to the AIDS epidemic, that itself is a reaction to living under oppressed conditions.

It's important here not to confuse *conditions* with *culture*, as do some who stand outside a culture looking in. People tend to look at young Black kids hanging out in gangs in the neighborhoods, and the associated violence, and interpret that as a behavior rooted in Black culture. It is not a cultural way of life, but a *condition* of unemployment and a *condition* of the sale of drugs controlled by people who, in fact, live outside the community. There is a stereotype of Latinos as lazy, undependable workers and moochers on the welfare system when, in fact, they are the victims of an immigration policy which violates their civil rights and keeps them afraid of INS raids and deportation. One of the ways to break down barriers between teachers and students is to understand the difference between culture and conditions and to be able to distinguish between the two as we hear about students' lives. The more we know about the conditions various cultures face in the aspirations they cherish for better times, the more effective our practice will be.

Lastly, because it was first believed to be a gay disease, AIDS carries with it a stigma in some communities of color, the same stigma it has in white communities, rooted in a similar homophobia.

Sometimes it is not students who are reticent to become involved in AIDS education, but the teachers themselves. The reasons are understandable. Sex, death and homosexuality *are* difficult issues to know how to confront in a classroom. In addition to the fears these raise, we bring our own racial, cultural and sexual biases to the work of AIDS education. It is unthinkable that any adult American has somehow avoided these biases. Nor is it necessary that one claim such purity in order to be an effective teacher. What is essential is that we be aware of our own views and prejudices, and that we find ways to minimize their projection.

Some ethnic minority educators believe it is sufficient to just be of the same ethnicity as the classroom or workshop participants, or just be Third World. Nothing could be further from the truth. Black people, for example, who grew up and live in the Black community, still need to do some deliberate learning about the communication modes and learning styles of the Black community. Once we do, it is true that we will probably be able to understand and internalize these strategies more easily than someone outside the culture. But unless we *think* about it, we often perceive the education *we* received as cultureless and classless, and so that style becomes a mode we continue to use. The result is often a classroom that people reject by their frequent absence or a health clinic they avoid.

Close-up from the El Paso Chicano AIDS Coalition Summer Youth Project Mural. The figure on the left offers reassurance and strength as a community tries to escape the cyclone of AIDS. *Photo: Santiago Chavez*

Program Planning from a Cultural Perspective

Two AIDS prevention projects, one Latino and one Black, provide examples of programs that are successful because they know and respect the values of the communities in which they do their work. In Oakland, California, La Clinica de la Raza organizes grandmothers in several Latino Catholic churches to provide AIDS education in churches and homes. The program is rooted in a recogniton of the high status of older women in the Latino community, the strong value of family, and the importance of the church. Also vital to the success of La Clinica's work is the fact that the program developed its own materials from scratch. Rather than using a Spanish translation of an English brochure, La Clinica develops materials using *Spanish* language, *Latino* thought and context.

The National Alumni AIDS Prevention Project (NAAPP) of Jackson State University tailors its efforts to the rural character of a Southern Black population. While in urban centers many people are used to coming out of their homes to attend large group meetings, the NAAPP knows that rural education projects need to go out to people. In Louisiana, Tennessee, Alabama and Mississippi, AIDS educators accompany agricultural educators on home visits and to meetings at schoolhouses and small, rural health clinics. AIDS education is provided alongside

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Rally at the Department of Health and Human Services, Washington, DC, October, 1987. *Photo: Nancy Wechsler*

information on improved farming techniques. The role of religion is also considered, as ministers who are community leaders are enlisted to help spread word about Jackson State's project. (The participation of ministers has also been important in effective AIDS education in Northern Black neighborhoods in which a large part of the population is originally from the South.) In order to communicate most effectively within a particular culture, we need to utilize the institutions and leaders that are indigenous to it.

Classroom Methods from a Cultural Perspective: The Loss Excercise

Let's look at one exercise designed to help people better identify with people with AIDS and then consider the ways it may need to be adapted for use with different cultures. Participants in the "Loss Excercise" are asked to situate themselves with a bit of distance from the people near them in order to have privacy in what they write. It is not necessary that they write full sentences during the excercise; key words, pictures or symbols can also be used. The participants are then given the following instructions:

- Think of a personal possession you truly prize and write it down on your piece of paper.
- Think of something about yourself you really like, a physical characteristic people compliment—your smile, your eyes...Write that down.
- Now think of an activity you like doing more than anything else in the world and put it on the paper.
- Next, think of a secret you have never shared with anyone. Write it on the piece of paper and put a circle around it to signify that it is well-hidden.
- Lastly, who is the person who means more to you than anyone on earth? Put his or her name on your paper.

- Now imagine the possession is stolen or destroyed. Take your pen and put a line through it.
- Imagine you were in an accident or some other catastrophe and the physical characteristic you most prize has changed. Put a line through that, as well.
- In that same catastrophe, you lost your ability to engage in the activity that brings you the most pleasure. Cross it out.
- Now imagine you saw your name in the morning newspaper, and your secret is out. Erase the circle that protects it.
- As a result, the person who means the most to you doesn't want to see you again. Put a line through his or her name.

At this point, people are usually experiencing a wide range of feelings which I ask them to call out as I place them on newsprint. It is exactly these feelings—anger, fear, loneliness—that people with AIDS experience. It is very expensive to have AIDS. It can wipe out your financial resources and your ability to hold onto the possessions you most prize. AIDS is physically debilitating. It changes your physical appearance, and the fatigue and weakness it creates can make it impossible to take part in the activities that bring you the most joy. The knowledge that someone has AIDS tends to get out. Many people who have AIDS have lost their jobs, family, friends and lovers.

The Loss Excercise helps people not only to identify with people with AIDS, but also to understand the need for advocacy, not just education, in the fight against AIDS. Through the loss of financial resources and personal support systems, people with AIDS often need increased access to things such as affordable housing, daycare for their children, health care and nutrition.

The exercise ends by letting people replace the things and people they lost:

- By the way, there was a typographical error in the paper this morning. Your secret is safe.
- You can still engage in the activity you enjoy.
- The characteristics you prize are still there. Your treasured possession will be there when you get home tonight.
- The person you love didn't leave you, so give her a big hug next time you meet.

What are some of the ways the "Loss Exercise" changes in different

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contexts? In introducing the exercise, it is important to let any group of people know they won't be sharing what they write with anyone else. With people from Southeast Asian cultures, it is especially important since writing is seldom a way of talking to oneself. By definition, writing is considered social. With African American and Latino groups, I have seen participants who resist putting down only one name when asked to identify the person to whom they are the closest. Often, they are strongly attached to a larger family network. They also tend to have a hard time buying the idea that a family would disown someone because he or she had AIDS. There are culturally unique ways of using literacy, of bonding to other people, and of responding to family crisis. Teachers need to communicate, through the way they facilitate discussion, that they are open to various cultural interpretations and responses.

Increasing a Belief in Self-Efficacy

To get the most out of an AIDS education project, especially one designed to meet the needs of people of diverse cultures, teachers have to design curricula that attempt to influence feelings of efficacy. In Philadelphia, BEBASHI (Blacks Educating Blacks about Sexual Health Issues) grounds its AIDS prevention effort in a broader program to heighten awareness of Black history and culture and the current struggle to change the conditions under which Black people live. The environment of BEBASHI itself suggests an involvement in that struggle and an atmosphere of Black optimism. Its approach uses an Afrocentric model of strength and purpose, rather than a deficit model of weakness and oppression.

In Philadelphia, BEBASHI (Blacks Educating Blacks About Sexual Health Issues) grounds its AIDS prevention effort in a broader program to heighten awareness of Black history, culture and the current struggle to change the conditions under which Black people live.

When BEBASHI talks with parents or young people themselves about teenage sexuality, it looks at how sexuality has been viewed in the African American community. The white myths of the Black man as uncontrollable and constantly on the sexual prowl, the Black woman as "hot", has penetrated the Black community, as well. Some Black people have bought into the myth because it brings a sense of self-esteem in a society that offers little else. For a young Black man, having sex with several women and having several children can be a sign of manhood. BEBASHI attempts to replace that image of stature with one that sees responsibility to the community as a sign of power.

In an example of the need to understand Black history in order to implement effective AIDS education, BEBASHI takes into account Black people's knowledge that they have been deceived by the government in the past. In the famous Tuskeegee syphilis experiments, 400 Black men returning to the South after World War II were purposefully left with their syphilis untreated in order to study the effects of the advanced stages of the disease on the body. The men passed it along to their partners and themselves died horrible deaths. The widely publicized study was used to fuel the notion that Black people are inherently syphilitic and degenerate. The study was funded by the U.S. government through the Centers for Disease Control, one of the primary agencies mandated to respond to the AIDS crisis now. BEBASHI knows before it goes into an AIDS prevention training that many African Americans are skeptical of government funded programs and statistical studies.

Lastly, BEBASHI encourages heterosexuals in the Black community to realize that the community cannot afford to be segregated within itself, that there is no room for the ostracization of anyone. In the words of Evelynn Hammonds, "there can be no 'us' or 'them' in our communities."

On With Light

We often find ourselves bogged down in the bemoaning of overwhelming conditions. It is useful to remember there is a light somewhere. That light is provided by collective community action—collective action to fight drugs in our communities, for example, or to advocate for increased funding to develop culturally relevant AIDS curriculum. The light also comes from encouraging the increased unity of various ethnic communities within a larger cultural group, for example, Vietnamese, Lao and Khmer; or Puerto Rican, Mexican, Central and South American; as well as greater unity among different cultures of people of color. Although there is variation in culture, there is a great deal we have in common in our oppressive conditions and in our aspirations for the future, for liberation.

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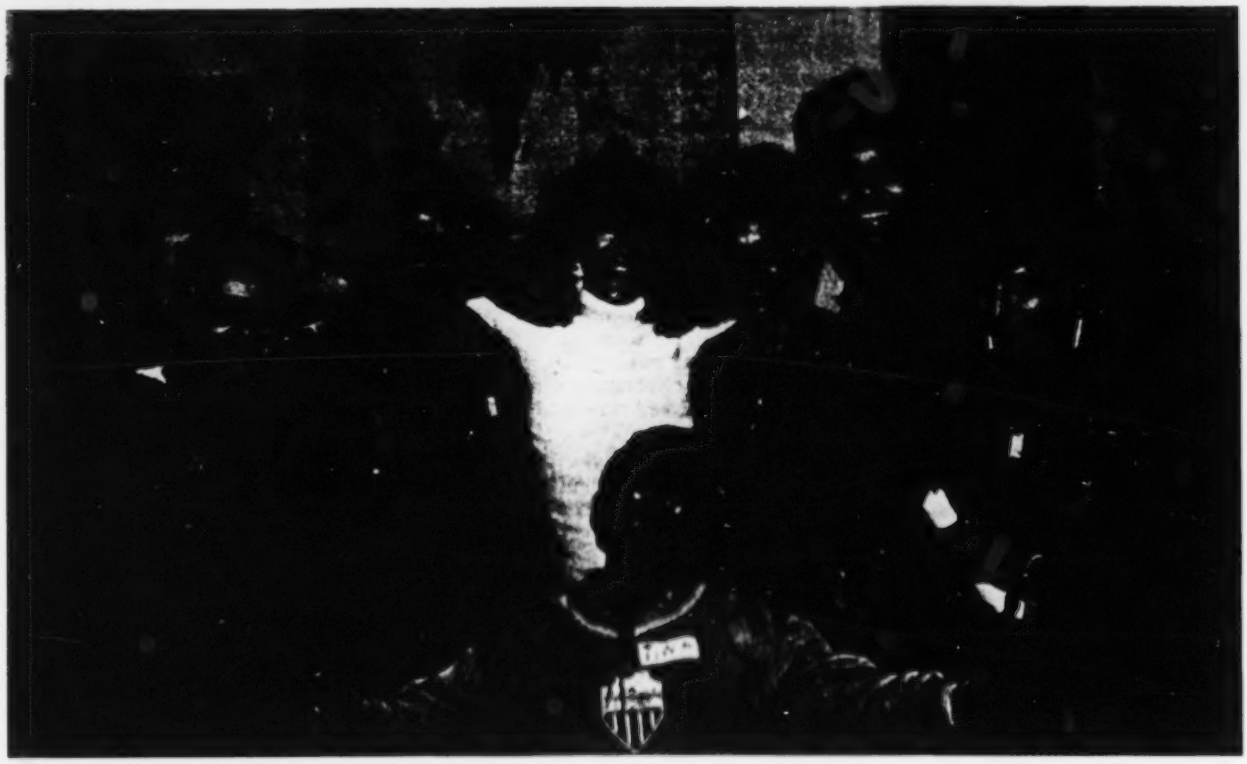
415/534-0078

National Alumni AIDS Prevention Project
Jackson State University
P.O. Box 17054
Jackson, MS 39217
601/968-2519



Students and staff at Mujeres Unidas en Acción.

Effective Practice:
Developing Compañerismo*, Learning About Aids

YO: Querido, Yo quiero que tú uses condones porque no estoy segura de tu fidelidad.
EL: Lo siento, pero no puedo usar condones porque eso es incómodo.
YO: Pero es por nuestra protección y salud.
EL: Estoy triste, lo siento. Yo no quiero usar esa porquería. Me voy con otra mujer que no sea tan exigente.

ME: *Honey, I want you to use condoms. I'm not sure about your faithfulness.*
HE: *I'm sorry, but I can't use condoms because they don't feel good.*
ME: *But it's for our protection and health.*
HE: *I'm sad. I'm sorry. I don't want to use that crap. I'm going to find another woman who won't be so demanding.*

Elisia Galindez
Mujeres Unidas en Acción

Mujeres Unidas en Acción is an educational collective in the Dorchester neighborhood of Boston. We offer ESL and Spanish GED classes for low-income Latina women. We also have daycare for their children during class hours. The women are mainly from the Caribbean countries but also Cape Verde and Central America. For the past two years, the students have requested that some class time be focused on AIDS. To meet that request, the staff developed what we call "AIDS Educational Month". During the month of March, all the ESL and Spanish classes and weekly community forums focus on the many issues surrounding AIDS in the Latino community and in the United States. The dialogue above was written by a student during one classroom exercise and published in a class booklet about AIDS that was distributed in the community. In this article, I'd like to talk about some of these classroom experiences, some changes in the organization and within individuals as a result of dealing with AIDS, and what I have learned about myself.

*"Compañerismo" is a word used at Mujeres Unidas to mean "sisterhood".

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The Class

By the time AIDS month came along in March, ESL Level 2 had already established a certain amount of honesty and openness which I think was very important to how AIDS month would go. People had already taken risks and broken down barriers related to speaking English and had become models for one another based on their different experiences and the class' intergenerational mix. People learned from one another about relationships and disciplining their children, and they encouraged one another a lot. When one woman started talking about a family member who had died of AIDS, a compañera talked about friendship and how important that was during hard times and about the faith we have in ourselves and God. The bonds among Dina, Flory, Maria and Ana became strong when they went to the April 9th "March on Washington for Reproductive Rights" with a busload from Mujeres Unidas.

I think one of the reasons we could speak as easily as we did about AIDS in Level 2 was that we had done a unit on women's sexuality earlier in the year, and during that time people had let other walls down. Most of the women in the room had never talked about sexuality, except when making a joke. Here, the conversation became very personal as we talked about such issues as orgasms and looking at and touching our own vaginas. We talked about deep feelings of shame about our bodies and how they are reflected in the ways we talk to our children about theirs. By this time, I had gotten into the habit of saying the word "vagina" almost every day just so people would see it wasn't a "dirty" word that we had to avoid.

The Unit on AIDS

Each class at Mujeres Unidas made a list of issues to deal with concerning AIDS. After reviewing these, the teachers and counselor decided to start with the video "Ojos Que No Ven" (Eyes that Don't See), which deals with issues such as drugs, bisexuality and prostitution as they relate to AIDS in the Latino community. Following that, there was a talk given by a gay, Latino man who is HIV positive. Both workshops had an impact on things that followed. In starting with these two workshops, the organization was modeling an openness to confronting difficult issues. Students received the message. There was a flow of discussion about gay men and the issues mentioned in the video. It didn't feel like pulling teeth, which was what I had expected.

Everyone was a lot less uptight about AIDS this year than last. I certainly felt less uptight. Last year I got very nervous talking about gay issues as a lesbian who wasn't "out", and tried to avoid it. Amazing considering what AIDS has done to the gay community in this country! During AIDS month this year, some of the women in class started a conversation one day about having children who may be gay or lesbian. I asked everyone how they would feel about having a gay child. The women responded by taking turns in a circle. Some spoke positively, but most of what was said was negative. After I asked the question and people began to answer, I realized that someone might ask me the same question at the end. Sure enough, Amalia did, and I responded very positively. I got some strange looks, but two other women had talked about acceptance and love, so I didn't feel so out of place.

Being able to have an open conversation on gay children depended, in part, on the open atmosphere that had been created through earlier classroom exercises we had done on gender roles and relationships as part of the AIDS curriculum. Out of a discussion one day of men's attitudes toward using condoms, we ended up talking about "machismo" and where it comes from. The next day, I took statements that women had made in class and read them back to them one at a time. In response, they walked over to stand by a sign that said either, "Agree", "Disagree" or "Not Sure". Each person then explained why she went to stand where she did. Anyone could move from one sign to another if their opinion changed at any time during the discussion. The room was small, everyone was standing very close together, and the atmosphere became very heated as differences of opinion were expressed. There were equally strong opinions in opposite directions, for example, in response to the statement, "Boys need more independence than girls."

When the subject of bisexual husbands came up after watching "Ojos Que No Ven", I wrote a story about the bisexual, married man in the video. After reading the story, people filled out an accompanying grammar worksheet and answered questions like, "Why was the husband afraid to tell his wife he was bisexual?" Students also kept journals. One woman raised a question in class that she'd entered in her journal, "Why do gay men get married?" In response, we talked about societal pressure to hide sexuality. We developed role-plays in which adolescent children came out to their mothers and wives asked their husbands to reveal their sexual past. Both of these role plays came up spontaneously in the midst of classroom discussions.

Another activity included in the AIDS curriculum was a class exercise to write a conversation about safe sex with a current, future or past partner. People created conversations in which they set limits, such as saying they were not going to engage in sex at all unless it was safe. Some put the issue of divorce on the table. Others sent their husbands to a clinic to be tested. They questioned their husbands about whether their relationship was really based on mutual trust and love if they couldn't establish an understanding about the need to have safe sex. I asked if they would like to share their dialogues with other students, and someone suggested putting them into a booklet to distribute. The idea took hold and we began work on it the next day.

The booklet took about three months from beginning to end. We had to first refine the dialogues in English, then in Spanish. In the meantime people were gathering graphics for the booklet. One student, Arelis, offered to type the dialogues in English and Spanish at home. Then we cut and pasted. The arranging went slowly, so Elisia offered to take the whole thing home and got it in order. We wrote an introduction in English and Spanish in small groups. After the booklet was done, two women went to each class to distribute and talk about it. Some of the students took copies to their health clinics, and we made a list of organizations to send them to.

Doing a booklet involved going to a copy store which meant spending money. We decided to sell food before and after classes at Mujeres as a fundraiser. Each day, someone committed herself to bring something in — including pasteles, which are a huge ordeal to make. The Galindez sisters did those. We ended up raising many more dollars than needed. What was left over became a class fund which, among other things, paid for a D.J. for graduation.

Things certainly weren't perfect in Level 2. There *was* some resistance to opening up and to changing. When I first brought up the idea of safe sex

discussion between partners, it shut people down. Dead silence. What I think now is that bringing it up the first time planted a seed which people just weren't ready to take up. As the environment became more open several weeks later, I brought up the topic of safe sex again, and there was a flood of ideas and feelings.

Dealing With AIDS Program-wide

I think the fact that we deal with AIDS on an organizational level is important. Along with the classroom-based curriculum, all the community forums are on AIDS related issues during AIDS Educational Month. People find their voices in this kind of environment. Three women in Level 3 spontaneously wrote poems at home in Spanish. One woman was writing at the kitchen table when her 11 year-old son walked in and asked what she was doing. She was proud as she told the class the story of how she explained her poem to him. I think individuals feel themselves contributing to something that extends beyond their classroom. They realize the importance of what they have to say because it is being reinforced all around them — whether it's about using a condom or talking to their child honestly and unimposingly about sexuality —including gay sexuality — or even raising their own questions about sexuality. Some women joined Compañeras, a support group focusing on issues of substance use, because of personal issues which came up in the classroom discussions about AIDS. Of course, it's a circular kind of motion —from the classroom to the support group and then back to the classroom, with new ideas always being created.

After AIDS

Change has continued since AIDS month ended this year. One day I saw Noemi, a student who has been at Mujeres two and a half years and has always been a run-in-and-run-out person, actually sitting on the couch in the lounge. Just after AIDS month, she decided to go with some other women from Mujeres to the Adult Literacy Resource Institute's writers' weekend. She took with her one of the papers she had written on AIDS and turned it into something that will be published in the ALRI's book of student writing. I think it was the connections she made to others in the class and the organization through the intimacy of talking about AIDS that led to those further involvements. Change can be slow but it comes.

The unity that was created in Level 2 as a result of putting together the booklet continued throughout the rest of the year and seemed to lead to a group sense of self-efficacy. Just after finishing AIDS month, the class began to talk about issues of housing in Boston. Through role-play, one woman came up with an idea of how to deal with a particular tenant problem. The next day, the students wrote a drama about organizing a rent strike. In the play, people get together in one woman's apartment and tell their apartment-problem-horror-stories. They organize a tenants' organization in the end and decide on a rent strike. In the drama, everyone is for the strike. I was surprised by the unanimity of their decision. It was then that I began to realize the affect AIDS month had had on the women's willingness to consider taking strong stands and speaking out.

When I first brought up the idea of safe sex discussion between partners, it shut people down. Dead silence.

Lastly, Mujeres Unidas had an organization-wide workshop on lesbianism after AIDS month, facilitated by a tutor who had said in a Mujeres collective meeting that she didn't want to have to hide the fact that she was a lesbian from her students.* During the discussion that followed, several people at the meeting said they did not feel capable of dealing with students' possible homophobia and needed more education themselves. The idea of the workshop on lesbianism was suggested by a student-representative member of the collective. While there had been lesbian tutors at Mujeres in the past, this was the first time since I have been here that the collective as a whole was willing to support one woman coming out to her students. The entire collective had another discussion about homophobia and lesbianism at our long range planning meeting just a couple of weeks ago. Several years ago, I can remember saying I was a lesbian at my job interview at Mujeres and later learning that one collective member thought about leaving rather than working with a lesbian. I think the contrast between then and now has a lot to do with the effort and honesty we put into dealing with AIDS.

Learning About Myself as a Teacher

Honesty has been incredibly important throughout this entire year, but especially when it's come to dealing with AIDS — honesty with myself, between myself and the women I learn with and among the women who come to Mujeres Unidas. I'm thinking of two effects honesty can have. It can make you feel scared and silent: "Everyone is revealing so much; I should do the same. But everyone else's experiences are much better than mine. What can I say?" And then there's the kind of honesty that relieves and brings people together. Its effect has had a tremendous impact on the learning process of our classroom and the learning process of the individuals in it.

Sometime before AIDS month I came to the decision that if I needed to cry about something, that would be okay. AIDS is an intense subject. You deal with death, suffering, rejection, racism, homophobia... I also decided that if something happened in the classroom that I didn't know how to deal with, either somebody else would or somebody else wouldn't, and either way was fine. I didn't have all the answers, and I didn't need to. I didn't learn that one overnight. It took me a while, but once I got it, that knowledge gave me the room to have faith in other people and *let* things happen.

Nance Aronoff
Mujeres Unidas en Acción
1534 Dorchester Avenue
Dorchester, MA 02122
617/265-3015

*The collective is made up of the staff plus five students. It makes decisions regarding staff hiring, programming, fundraising and philosophy.

Blackboard

Prisoners, hairdressers, community activists, political activists, teachers and union members offer their own approaches to AIDS prevention.

Literacy and AIDS at the Bedford Hills Correctional Facility

In the last four years, 22 women have died of AIDS at the Bedford Hills Correctional Facility, a maximum security prison for women outside New York City. In the early days of the epidemic, people in the prison were afraid of casual contact. Both inmates and guards ostracized women who were HIV positive. Today, while the guards still wear rubber gloves when coming into physical contact with an inmate or searching her cell, the *inmates* have formed support groups for women who test positive, and they conduct an on-going AIDS education program that counters the myths surrounding the virus. The impetus for this change was "Our Play", an original drama created by the ABE class and performed for the rest of the prison community in 1987-88. "Our Play" centers on the pros and cons of taking the HIV antibody test. In one scene, two women who decide to test discover they are HIV positive and are faced with a decision of whether or not to tell their parents, to whom each is about to be paroled. Students in the class developed reading and writing skills as they created dialogue for the play through improvisation. The curriculum included free writing, lessons on word analysis, and an examination of a play as a form of literature. Every student got involved in the creation of the drama, no matter what their writing ability—even those who initially didn't want to take the time away from their workbooks. For a more detailed description of the AIDS curriculum and the development of the play, write:
Kathy Boudin
84G 171, P.O. BOX 1000
Bedford Hills, NY 10507

Hairdressers, Store Owners and AIDS Education

The Boston Women's AIDS Information Project (BWAIP) makes AIDS/HIV education available to women of color who are at risk of HIV infection and who do not have access to and use traditional health care channels. It uses the channels the women trust and cultivate on a daily basis. Neighborhood people, who have frequent contact with women but who are not usually seen as resources for health education, are trained to be "community health advocates". This year, the project's focus in the African American and Latino communities is on store owners and hairdressers. In the Haitian community, community health advocates are adapting a strategy for AIDS education originally developed by gay, white men. "Safety Net Parties" are held in women's homes, where the emphasis is on safer sex and the atmosphere is comfortable and fun. The BWAIP is currently developing a strategy for reaching Cape Verdean women. In each community, the project works with existing community based organizations. The BWAIP is unique, not only in its approach to health education, but as a collaborative effort coordinated by women from different racial and cultural backgrounds and as one of the few outreach efforts that targets women. Write:
Boston Women's AIDS Information Project
c/o Fenway Community Health Center
93 Massachusetts Avenue
Boston, MA 02115

Boston Gay Pride Day, 1989. *Photo: Nancy Wechsler*

To find AIDS organizations in your area, call the
National AIDS Network
202/293-2437

The ACT UP Women's Caucus

In 1988, *Cosmopolitan Magazine* published an article by a psychiatrist claiming that unprotected sexual intercourse with an HIV infected male partner presented no risk to women. Using racist ideology to explain the high rate of female heterosexually transmitted AIDS cases in Africa, the doctor wrote that "many men in Africa take their women in a brutal way, so that some heterosexual activity regarded as normal by them would be closer to rape by our standards". *Cosmopolitan* refused to print a retraction, insisting that the article was "well researched". The demonstration outside the magazine offices was organized by the ACT UP (AIDS Coalition to Unleash Power) Women's Caucus. It is one example of the kinds of actions taken by the Caucus in order to uncover AIDS practices, beliefs, and policies detrimental to women. At Shea Stadium in New York City, members of the Caucus distributed free condoms to the baseball crowd, announcing in a flyer, "Here's the Score. Single: Only one woman has been included in government sponsored tests for new drugs for AIDS. Double: Women diagnosed with AIDS die *twice* as fast as men. Triple: The number of women with AIDS has *tripled* as a result of sexual contact with men in New York City since the 1984 World Series. The Grand Slam: MOST MEN STILL DON'T USE CONDOMS." *The ACT UP Women's Caucus Women and AIDS Handbook*, forthcoming from South End Press, documents what is and isn't known about women and AIDS and offers strategies for translating concerns into action. Write:
ACT UP Women's Caucus
496A Hudson Street Suite G4
New York, NY 10014

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The Ranking Exercise helps women learn how to think about what is safe and what isn't, and how to talk about risk. From* Making It: A Woman's Guide to Sex in the Age of AIDS, *Firebrand Books. *Illustration: Alison Bechdel (Reprinted with permission.)*

People of Color Against AIDS Network *and* Goodwill Literacy

A group of students at Goodwill Literacy served as advisors to POCAAN in developing its AIDS question and answer brochure, and approved Goodwill as one of the drop-off sites for POCAAN's bleach kits and condoms. The brochure relies as heavily on pictures as on words, and each one includes a condom. It is used in POCAAN's door knocking campaign in communities of color, in which people are asked to join as members of POCAAN or to host a house party where neighbors can learn about the organization and about AIDS prevention. While unsure at first how people would react to someone knocking at their door, POCAAN has found people to be overwhelmingly open because of their concern for their communities. The staff of POCAAN brings their backgrounds in tenant and welfare organizing and the domestic violence movement to their work as AIDS educators. They see their goal as long term change, so that when current outside funding sources dry up, community resources will be in place. POCAAN publishes brochures in seven Asian languages, two pamphlets designed for Native American communities, a brochure for the Black community, and several materials in Spanish. Write:
POCAAN
1200 South Jackson Suite 25
Seattle, WA 98144

AIDS is a Trade Union Issue

Health care workers are found in hospitals, nursing homes, mental insitutions, private homes and prisons. They include not just nurses, but laundry workers, housekeeping staff and janitors, among others. All of these workers need to be cautious about HIV exposure, at the same time guarding against unwarranted fear. The Service Employees International Union (SEIU) involves rank and file members in the process of developing strategies for protecting against exposure to the HIV virus. SEIU has responded to AIDS by helping its members achieve a balance between irrational fear and lack of caution. The union has also developed workplace policies which protect workers with AIDS against harassment and discrimination. SEIU has written model contract language both to ensure employees are provided with the means to do their jobs safely and to prevent discrimination against workers based on sexual orientation or disability. Materials published by SEIU include *The AIDS Book Information for Workers*, which will be revised by March 1990 for easier readability. Write:
SEIU Health and Safety
1313 L Street, N.W.
Washington, DC 20005

The Asian AIDS Project

Li See Fung are beautiful red and gold packets, given as presents at the Chinese New Year with money inside. The four characters on the packet represent peace, good luck, long life and health. The Asian AIDS Project has filled thousands of small Li See Fung, each with two condoms, a tiny tube of lubricant and a wallet-sized card with safe sex guidelines in Chinese and English. The Project also distributes other AIDS materials for Asian communities. While early on in the AIDS crisis many prevention programs simply translated English text into Vietnamese, Khmer, Lao, Chinese, Japanese, Tagalog and Korean, the Asian AIDS Project considers the differences among Asian cultures and consults with community groups in choosing content and illustrations in the materials it produces. For Filipinos, for example, among whom there is more acceptance of gay sexuality, there is a brochure specifically addressed to gay and bisexual members of the community. For the Chinese community, a pamphlet addresses the use of needles in the practice of acupuncture. Overall, the Project is helping to build awareness of AIDS in Asian and Pacific Islander communities, where the rate of HIV infection is lower than among whites, African Americans and Latinos, but where the rate of infection is also increasing faster than for the other three. Write:
Asian AIDS Project
1596 Post Street
San Francisco, CA 94109

ESL and AIDS Education

In a college that has lost many people to AIDS, Jack Collins does a month long curriculum unit on the epidemic in his ESL classes and facilitates workshops for other faculty who want to do the same. The ESL population at Community College of San Francisco is predominantly Asian-American and recent Asian immigrants. The immigrants come from Taiwan, Hong Kong, Vietnam, Korea, the Philippines, and the People's Republic of China. Faculty with whom Collins has worked have developed such tools as a list of classroom topics for writing and conversation to which AIDS could be linked, and a series of dialogues dramatizing questions and anxieties regarding HIV testing and safe sex. Students have written essays attacking discrimination in the workplace against people with AIDS, and one teacher tells of a student whose essay revealed a shift in attitude toward lesbians and gay men following the AIDS unit. Originally thinking AIDS education would be "serious, grim work", Collins has found students, many of whom are laundry workers or employed in the food industry, to be relieved to learn what they do *not* need to be afraid of. At the end of the unit, they are asked to write a composition persuading a friend to be rational in the face of AIDS. Students in Collin's classes also helped develop an AIDS brochure which was distributed throughout the Community College system and stapled to each employee's paycheck. Write:
Jack Collins
Gay and Lesbian Studies, Box L 169
Community College of San Francisco
San Francisco, CA 94112

Values Clarification for Teachers

The JSI Research and Training Institute offers workshops to assist teachers, health care workers and others to increase awareness of their own attitudes toward issues of sexuality and mortality. The workshops provide a safe arena in which participants can expose myths they might hold, such as "People with AIDS cannot have sex" or "Children with AIDS are innocent victims" (i.e., others are "guilty".) Depending upon the group, people may be encouraged to become more aware of their personal reactions to drug users, gay sexuality, or other sexuality issues. The workshops also examine why changing risk behavior can be so hard, and they look at approaches to coping with anxieties about AIDS. Write:
Linette Liebling
JSI
210 Lincoln Street
Boston, MA 02111

Research Within Reach:
Where is the Hope in AIDS?

Sara Garcia is an AIDS educator whose work took her recently to Puerto Rico, Mexico and Connecticut. In each community, her work had a different shape, taking its cues from the culture and values of the people who lived there. As a result, each community built a distinct AIDS education project from the bottom up. Looking at our own classrooms and considering our teaching practice based on what we see is the basis of what has come to be called in this country "teacher-research". Focus on Basics offers Sara Garcia's work, and her reflections on her work, as one form of this new research framework.

A city block-long mural in El Paso, Texas, created by Chicano youth, depicts AIDS as a cylcone. Across the top of the painting, you can see a menacing wind approaching. There are children, young couples, a pregnant woman holding her stomach, the elderly, all represented as a community trying to escape the wind's horror. On each side of the painting is a massive figure, one man and one woman. The figures are reassuring, strong, powerful. They evoke hope.

But, where is the hope in AIDS? How does the Education Development Center (EDC) convey the hope? We believe the hope is to be found in knowledge, in what our failures have taught us, what our successes have yielded, and what our research has proven. Through the "Women at High Risk for AIDS Project", EDC set out to provide educational materials to three communities where AIDS outreach workers were preparing to provide education. The project sites were San Juan, Puerto Rico; Bridgeport, Connecticut and Juarez, Mexico. The original grant had come from an outside, government agency and stated that the community workers needed training manuals. When I arrived in each community, the workers told me they didn't want manuals. So began our work together as I came to see my role as helping each project create its own tools according to its own knowledge and needs.

My Role

Each of the projects seeks to reduce the transmission of HIV infection among prostitutes, IV drug users and partners of IV drug users. People who are used to the street culture—many of them ex-prostitutes and former drug users themselves—are trained in AIDS prevention and education and are formed into teams. Most are women, but the projects include some men. They go out into the crack houses and shooting galleries, to bars, houses of prostitution and treatment centers. They try to identify and encourage women to come to the project's center for educational workshops, support groups, and counseling.

I wanted to model an empowering process with the AIDS workers that they could, in turn, use with their communities. I tried to view myself as a giver of options and tools they could choose from in developing their own materials. I brought them everything I had come across—brochures, booklets, wallet-sized cards and posters. Even when the outreach workers evaluated these and decided they wouldn't work, the process served as a stimulus to help them think of what *would*. At times, looking at other materials gave them confidence as they saw what they had been thinking of affirmed somewhere else. Other times, confidence came from realizing they had ideas that would work better in their particular situations.

From there on, I acted as a facilitator who many times just reminded us of where we were and brought us back to a focus. My goal for myself was to stay *open* and develop what was already there in each community, trying to put my own ego aside.

I saw my role, too, as helping to establish a way of talking about sexual issues. Being a Latina woman myself, I know that talking publicly about sex is not part of our culture, but I felt we couldn't adhere to the value of *not* talking about it because of the severity of the AIDS crisis. The task was to find a way to talk that would make it possible to be heard. My approach was to acknowledge the cultural custom in order to respect it, to apologize for what I needed to do, and to let people know the times necessitated it. Beyond that, each project used its community's own language and ways of talking in the materials they developed.

San Juan

The first site for the project is San Juan, Puerto Rico, where the language spoken is Spanish, with most people being bilingual, and where many people travel to the United States often. When I arrived in San Juan, I discovered that the staff of "Proyecto Tu, Mujer" ("Project You, Woman") knew they wanted some kind of brochure or poster, some kind of informational piece that would attract people to come to the project. But they hadn't talked a lot about what they believed in so that this could be conveyed in the piece. They hadn't really figured out their own identity or become a cohesive group yet. So it was important to first have a lot of communication, to be able to sit down and think out loud, and yet focus on the fact that something had to be produced and rather quickly. One of the interesting things that happened was that it meant for the outreach workers figuring out what they had to offer to the women. This brought on questions like, "Are we better than they are? How do we appear to them? Are we in fact inflicting our own values on them?" So it was a going back and forth—not just verbally, but if they had an idea for a poster or brochure, actually making sketches or cutting something out of magazines, looking at it and asking, "Is that what we believe?" or "What is that image going to convey?"

I raised the question of what the

staff thought women in their community needed as motivation to learn about AIDS. I had tried to model an approach to AIDS education with the outreach workers that was based on taking people where they *are* and moving from there. The workers, in turn, did the same. The staff in San Juan thought women in their community would do things for their children that they wouldn't always do for themselves. When in the end they decided on an image for their poster, they chose to include a child.

The poster, of course, was to address women, but we asked ourselves, "What will this poster say to men?" We had long discussions of whether and how to include them. A decision was finally made to include a man shooting-up in his home, where there is a woman and a child. This came about because people wanted to convey an IV drug user who has a home—a place to be and a partner. And then the question, "Well, should we show him shooting-up? Is that too stark?" And there were both feelings that the poster should be stark to shock a bit, but yet to soften it by having a morning scene. In San Juan, they say, "Se va curar". It's interesting that the word that's used for "shooting up" is "curar", which means "to cure". There was a general concensus that a man goes to shoot-up in the morning, like going in the bathroom and shaving.

The poster depicts a woman who is pregnant with a small baby on the bed. The man is in the doorway, still with the apparatus on his arm and the needle in his hand. He is looking down at them, and you can see the contradiction in the harshness of the intravenous drug and the tendernesss of his gaze. The caption reads, "Un adicto puede darte muchas cosas; a ti y a tus hijos". ("An addict can give many things to you and to your children.")

The size is very small, 10 x 15, because they wanted a poster meant to go in doorways and on posts. They've flooded the city with them, and they have become somewhat of a password. "Proyecto Tu, Mujer"; it's like saying, "You, woman, this is directed at you".

A poster for the "Proyecto Tu, Mujer" project counters the typical stereotype of a drug user by portraying him with a family he cares for, despite his addiction.
Photo: Eric Borcherding

Bridgeport

The goal in Bridgeport, Connecticut is essentially the same—to reduce HIV transmission among prostitutes, drug users and their partners. Once again, many of the outreach workers themselves come from these communities. The big difference is that Bridgeport is very multi-cultural. Though predominantly Hispanic—Latinos from Puerto Rico and other Spanish speaking countries—it's also Black and Asian. "Women Who Care for Women on the Street: The Bridgeport Women's Project" is situated right in the area where there are many drug users. Before I arrived, the staff was in the process of thinking about the issue of testing. Although testing had not started out to be an issue for the project, they were already being called by people who wanted to find out about it, and they needed to respond.

We had a man from the local AIDS task force come in and found out that there were people already coming to the public health office for the HIV antibody test. The problem was that they were not coming back for their results. The outreach workers knew immediately that it was because people were afraid.

We talked about what kinds of materials the staff needed in order to address the fear held by those who believed they might be HIV positive. The issue of low levels of literacy

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came up. They immediately said, "What happens if people can't read, or they don't read well, or it's not something that's popular?" We talked about video tapes. Of course, people who are on the streets are going to find it hard to get to a VCR. Someone thought of a poster with pictures. Considering that idea helped the group realize that what they really wanted was to give people something they could hold in their hands.

The woman who was the coordinator of the outreach workers began to talk about how she imagined people felt. I interrupted her and said, "Wait a minute, Sandy. Would you tape that? What you're saying now? Would you tape what you would tell people after they took the test, the way you would say it?" And she started by saying, "Hey girl," and she kept talking. The message is encouraging. It says, "If you go back and you're positive, then here's how you can take care of yourself." It talks about food, resting, going out for walks. It includes a Latino message which is you've got to listen to music, dance once in a while, eat beans and rice—in other words, do what's yours and what makes you, "you" and happy. At the end it encourages people to come into the women's project if they want more information or to talk to someone. The end product, an audiotape, is available for people to take with them when they leave the testing site, in case they don't return.

Juarez

Juarez, Mexico is across the border from El Paso, Texas. The language spoken there is Spanish, although it is quite different from the Spanish in Puerto Rico. The staff of "Proyecto Compañeros" ("The Partners Project") had done an initial community needs assessment before I arrived. A range of needs emerged that were not directly related to AIDS education. The strongest message the staff received was that people wanted to learn to read. As in the other communities, I arrived in Juarez with samples of various AIDS materials. In looking through the pile, the staff saw a bit of "fotonovela" (a comic-book format popular in Latin America), and immediately said, "This is what we need here." They made a series of six novelas, each with a particular message, which was to become part of a literacy curriculum for the women who would come to the project. The main character of the series is Rosa, a pregnant woman whose husband, Miguel, is an IV drug user. As the series unfolds, Rosa comes to learn about AIDS from the older women in her community. Eventually she talks to Miguel and asks him to be tested. His initial response is anger and resistance. Later, thinking about his baby, he agrees to the test. Miguel goes to the health clinic accompanied by his mother and Rosa and discovers he is HIV positive.

In order to develop the story line, the outreach workers formed a "focus group", a gathering of people whose only purpose is to hear from many people about one particular issue or project. My part in this process was to show some possibilities in the beginning and then just brainstorm with them. It really came from them; it was something just waiting to happen. The photographs were taken right there in Juarez, and the text was the dialect that is used there and in other border towns like Tijuana and San Diego.

Now that my part is over and the projects continue, I see more of what happened in hindsight. The most productive moments of my work with the staff in each project were those in which I was able to stand out of the way and *wait* and believe that out of them would come what they needed most. Most important is that the *process* we undertook is what I think brings success to the *messages* in the posters, tapes and fotonovelas. The whole community can recognize that the materials come from their streets. It's as if the process that led to the products somehow becomes known. It's almost as if every time someone looks at the piece of work, the realization that it was created by people in their community becomes evidence of control over one's own life.

We at EDC had initially felt that hope was to be found in knowledge that we, through our efforts with the communities, would generate. As I reflect now on these experiences, I realize that the real hope is not found in knowledge in the traditional academic sense, i.e., those of us outside a community creating knowledge from our interactions with it. Hope is to be found as the community structures its own search for knowledge, in the questions it asks, the ideas it generates, and the actions it takes.

ROSA, CON TRES MESES DE EMBARAZO, VA A VISITAR A SU SUEGRA.
Rosa ¿Cómo estas hija? ¿y Miguel?
¡Ay doña María! estoy muy preocupada...
¿Por qué, hija?

Rosa, three months pregnant and worried, goes to visit her mother-in-law. From a "fotonovela" of "Proyecto Compañeros", Juarez, Mexico.

Sara Garcia
Center for Equity and Cultural Diversity
Education Development Center
55 Chapel Street
Newton, MA 02160
617/969-7100

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Materials That Matter

Coyote, the narrator of the National Native American AIDS Prevention Center's* Understanding AIDS and HIV, *asks the reader to relax, laugh a little and listen. ***See page 16.***
Illustration: James Lambertus

The majority of the materials highlighted here have been chosen with an eye toward language accessibility. That is true also of the materials found among the listings in "The Blackboard". Those with an asterisk contain more academic language. This list is meant to be representative of the range of resources available. For an extended bibliography, write: Rachel Martin, 302 Arlington Street, Watertown, MA 02172.

AIDS Antibody Testing: Is It For You? and Contestación a las Preguntas Más Importante Sobre La Prueba del Anticuerpo del SIDA
Acknowledging the controversy about HIV testing, including the fact that people have been fired, evicted and abandoned because they are known to be HIV positive, these pamphlets present some valid reasons to consider the test and some reasons to question the wisdom of testing.
Multicultural Training Resource Center
1540 Market Street Suite 320
San Francisco, CA 94102

AIDS in the Barrio: Eso Ne Me Pasa a Mi
Created for use in community settings, this video and film explores the social and economic factors contributing to the use and selling of drugs in the Latino community, and challenges cultural prejudices by offering a range of specifically Latino perceptions of sexuality and AIDS.
Alba Martinez and Frances Negron
AIDS Film Initiative
732 West Nedro Avenue
Philadelphia, PA 19120

***Radical America**
"Facing AIDS: A Special Issue" November/December 1986. Articles include "Race, Sex and AIDS: The Construction of 'Other' ", "Insuring Profits from AIDS: The Economics of an Epidemic", and "To Have Without Holding: Memories of Life With a Person With AIDS".
"AIDS: Communities Respond", March/April 1987, includes "AIDS in Africa: The Western Imagination and the Dark Continent", "Multicultural Concerns and AIDS Action", and "More Than the Story of a Virus: Gay History, Gay Communities and AIDS".
Radical America
1 Summer Street
Somerville, MA 02143

Safer Sex: How To Do It
This poster takes a tongue-in-cheek look at the lengths to which we do *not* have to go to have safer sex. One of the "fool-proof" ways to be safer? "Opera length rubber gloves."
Gay Men's Health Crisis
129 West 20th Street
New York, NY 10011

Lesbians and AIDS: What's the Connection
Included in this pamphlet are safer sex guidelines for lesbians at risk and suggestions for women who are considering donor insemination.
San Francisco AIDS Foundation
333 Valencia Street 4th Floor
San Francisco, CA 94101

***"AIDS in Blackface"**
In this article, Harlon L. Dalton roots out five overlapping factors that account for the Black community's impulse to distance itself from the AIDS epidemic. Among them are the "deep-seated suspicion and mistrust many of us feel whenever whites express a sudden interest in our well-being" and "reluctance to acknowledge our association with AIDS so long as the larger society seems bent on blaming us as a race for its origin and initial spread." Dalton argues that "as the drama (of AIDS) unfolds, we cannot simply ask white actors to put on blackface and favor us with their best rendition of 'life in de ghetto.' We must increasingly turn to black actors and to black directors and producers as well, if we are to truly capture the social meaning of the epidemic." The article appears in the Summer, 1989 issue of *Daedalus*. Excerpts from it could readily be used in some literacy classrooms.

Asians and AIDS: What's the Connection?
This brochure for Asian-American gay men focuses on "making sex special by specializing in safer sex".
Asian AIDS Project
2024 Hayes Street
San Francisco, CA 94117

BEBASHI (Blacks Educating Blacks About Sexual Health Issues)
Among BEBASHI's publications are pamphlets for Black women, young Black men and young Black women. BEBASHI also regularly publishes "BEBASHI News".
BEBASHI
1528 Walnut Street Suite 144
Philadelphia, PA 19102

Famous Last Words: "Hey Man, Let Me Use Your Works."
This pamphlet for IV drug users is available in both English and Spanish.
POCAAN
1200 South Jackson Suite 25
Seattle, WA 98144

Materials That Matter

New Youth Connections: Thinking About AIDS
This December, 1987 issue of a newsmagazine written by and for New York City youth is available in reprint and still a relevant tool today. Articles include, "So You're Scared to Buy Rubbers? So Was I!" and "Who's Responsible for Safer Sex?" In "Board of Regents, Take a Reality Pill", the editors criticize the school board for "watering down" its AIDS curriculum, and in "My Uncle Died of AIDS," a teenager writes with regret of her rejection of a bisexual family member.
Youth Communication
135 West 20th Street
New York, NY 10011

This is Not an Advertisement
This music video about sex, race and identity seeks to reduce internalized homophobia.
Frameline
PO Box 14792
San Francisco, CA 94114

Making It: A Woman's Guide to Sex in the Age of AIDS
This book by Cindy Patton and Janis Kelly is designed to speak to many different woman—heterosexual, bisexual, lesbian, rich, poor, single, married, of color, white. In addition to safer sex, the book addresses needle sharing, the question of testing, and the safety of donor insemination. Bulk discounts available.
Firebrand Books
145 The Commons
Ithaca, NY 14850

Inside Images
Latina lesbians talk about discovering their own identities and creating their own images. This is a booklet meant to trigger a critical analysis of how society shapes images of people who are considered different.
Mujeres Unidas en Acción
1534 Dorchester Avenue
Dorchester, MA 02122

Editor's Notes

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primarily to men because women are not considered "reliable research subjects." It means rooting out the hidden policies of insurance companies which use redlining in neighborhoods where many gay men live in order to exclude them from coverage. ACT UP also advocates for a national health care policy and affordable housing. For Wayne S. Wright, Executive Director of the Multicultural AIDS Coalition, activism is something even broader still. Activism is working against racism, "asserting that we are a resilient people who are here to stay...It is working to create an environment in which people can speak for themselves, in which Black gay men, for example, are no longer silent about who they are."

Part of the work to be done in finding ways to successfully engage in AIDS education with our students is to find ways to grapple with its impact on our own lives. No matter who we are, the AIDS crisis exists within all of us. Dealing with our attitudes toward sex, our own and others' sexual orientation, death—helping our students to do the same—is difficult work, but only in the absence of tools we can use. The Multicultural Training Resource Center uses "The Inheritance Exercise" to help participants cope with the death of people they love. *Sticks, Stones and Stereotypes*, a book and videotape, demystifies gay sexuality while it helps people to appreciate difference by embracing their own diversity. *Making It: A Woman's Guide to Sex in the Age of AIDS* demystifies sex itself with an explicit and fun guide to doing it safely, and the video *AIDS in the Barrio: Eso No Me Pasa a Mi* looks at why it can be so hard for a woman to demand a man use a condom in a society in which women and men have unequal power. These resources are listed, along with others, in "Materials That Matter" and the "Blackboard".

Listen to the organizers, educators, outreach workers and students whose words are offered here. Take in their ideas. Know that talking about AIDS is really a way of talking about the kinds of transformations that need to take place so that no such crisis will every happen again. Remember that the rallying cry of AIDS activists is a call to everyone, everywhere:

Silence = Death / Action = Life.

Raven's Guide to AIDS Prevention Resources
This booklet lists a wide range of materials developed for Native Americans. A few are in Innuit, a native language understood by Native people in Northern Alaska and Canada, and the rest are in English. Among the entries are the book, *Living the Spirit: A Gay Indian Anthology*; a video entitled, *Her Giveaway: A Spiritual Journey with AIDS*, the story of an Ojibwa woman with AIDS; and the poster, "SHHHH! The greatest risk of AIDS spreading among Native Americans isn't from sex, IV drugs or alcohol abuse. It's from silence."
The Alaska Native Health Board
1345 Rudakof Circle Suite 206
Anchorage, AK 99508

Sticks, Stones and Stereotypes: A Curriculum Resource Guide
Aimed at demystifying gay sexuality, the premise of this booklet and video is that people can come to appreciate difference through embracing their own diversity. Among others, a Latino, gay college student and a Chinese-American lesbian just out of high school talk about their lives. Written for high school students, the guide can be adapted for use with adults.
Equity Institute
48 North Pleasant Street
Amherst, MA 01002

Videos
"AIDS Education on the College Campus: The Use of Video" is an annotated bibliography by Mary Redick. It includes ordering information and provides guidelines for selection, such as "Does the video include non-judgmental information about human sexuality?" and "Will it relieve AIDS hysteria?"
Lou Setti
World Education
210 Lincoln Street
Boston, MA 02111

Understanding AIDS and HIV
Using traditional art, poetry and legend, this Native American story-telling packet contains twenty-five cartoons illustrating AIDS prevention.
National Native American AIDS Prevention Center
6239 College Avenue Suite 201
Oakland, CA 94618

Women and AIDS
Although women have been dying of AIDS since 1981, little attention has been paid to their particular situation. This video demonstrates how AIDS highlights underlying problems such as racism, sexism, child care and lack of adequate health care for women.
Gay Men's Health Crisis
129 West 20th Street
New York, NY 10011